U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 25/

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Name Ronald JI O'Ke'ese

Street 83 Connecticult ST

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mancatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or child penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

[] / 1/ 05 Through: 12/31/05

Name Newspanerand Mail Deliverers Union

Street 2416 Greens Plaza South Room 366

4. Name, file number, and address of labor organization.

Labor Organization File Number 025-725

P.O. Box, Building and Rccm Number, if any,

Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or ind rectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name. The New York Times Company	Business Meals From
Trade Name, if any: New York Times	2-16-05 Thru 6-1-05
P.O. Box, Bldg., Room No., if any	
Street 229 W. 43 ST.	see attached for dates a
City 11.1/	amounts.
State 1, V. ZIP Code + 4 10036	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ving documents), has been examined by the signalory and is, to the best of th
	on 3/06 7/8 948 9/07
Signed framework to the signed	Date Telephone Number

Name of Person Filing	F.c Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Eusiness (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4	9. Business deals with a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Altiount of paymen .	

Business Meals with No. Y. Times